

TREATMENT ASPECTS OF HYPERTROPHIC CARDIOMYOPATHY

P3544

Predictors of ACEI/ARB therapy in patients with hypertrophic cardiomyopathy: results of a national registry

E. Martins¹, A. Lebreiro², C. Sousa², S. Leite³, A. Sousa¹, A. Belo⁴, D. Brito⁵, N. Cardim⁶, ¹University of Porto, Faculty of Medicine, Porto, ²Sao Joao Hospital, Cardiology, Porto, ³Hospital Guimaraes, Cardiology, Guimaraes, ⁴Centro Nacional de Coleção de Dados, Coimbra, ⁵University Hospital De Santa Maria, Cardiology, Lisbon, ⁶Hospital Luz, Cardiology, Lisbon, Portugal. On behalf of Hypertrophic Cardiomyopathy Registry Investigators

Introduction: Angiotensin-converting enzyme inhibitors (ACEI) and angiotensin II receptor blockers (ARB) are not considered disease-modifying drugs in hypertrophic cardiomyopathy (HCM) and their use is usually dependent on other clinical indications. Few data exist about the use of ACEI/ARB in HCM in the real world, particularly in patients with intraventricular obstruction.

Objective: In this study, we sought to determine the frequency of ACEI / ARB therapy in patients with HCM and the predictors for their use.

Methods: We analyzed data of patients included in a large National Registry of adults with HCM and evaluated the associations of ACEI/ARB therapy with different clinical and echocardiographic variables.

Results: Among 1021 patients with HC, 397 (39%) were medicated with ACEI and/or ARB. Of these, the majority had hypertension (85%) and asymmetric left ventricular (LV) hypertrophy (86%), 38% had an intraventricular dynamic obstruction and 10% had LV systolic dysfunction. Symptoms of heart failure at first visit were present in 67% of those under ACEI/ARB and concomitant coronary heart disease was present in 9.2%. In multivariate analysis, the use of ACEI / ARB was associated with the presence of hypertension ($b= 4,44$; $P=0,00$) and LV systolic dysfunction ($b=1,86$; $p=0,04$), and negatively related with intraventricular gradient ($b=-0,95$; $p=0,02$) and abnormal blood pressure response in treadmill test ($b=-1,09$; $p=0,04$).

Conclusion: Even in the absence of specific recommendations, ACEI/ARB are frequently used in patients with HCM, including in the presence of an intraventricular gradient, suggesting good tolerability. The main factors favoring their use in clinical practice are the coexistence of hypertension and LV systolic dysfunction.